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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

CHAPTER 13 PLAN AND RELATED MOTIONS

Case No: 15-35244-KRH

This plan, dated	Oc	etober 13, 2015 , is:
rins pruis, cuico	■ □	the <i>first</i> Chapter 13 plan filed in this case. a modified Plan, which replaces the □confirmed or □unconfirmed Plan dated.
		Date and Time of Modified Plan Confirming Hearing:
		Place of Modified Plan Confirmation Hearing:
	The l	Plan provisions modified by this filing are:

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing. If no objections are timely filed, a confirmation hearing will NOT be held.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: \$17,353.00

Name of Debtor(s):

Total Non-Priority Unsecured Debt: \$212,631.00

Melissa Ann Alvis

Creditors affected by this modification are:

Total Priority Debt: **\$98.89**Total Secured Debt: **\$7,050.00**

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- **1. Funding of Plan.** The debtor(s) propose to pay the trustee the sum of \$330.00 Monthly for 48 months. Other payments to the Trustee are as follows: **NONE** . The total amount to be paid into the plan is \$ 15,840.00 .
- **2. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
 - A. Administrative Claims under 11 U.S.C. § 1326.
 - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
 - 2. Debtor(s)' attorney will be paid \$_4,950.00 balance due of the total fee of \$_5,050.00 concurrently with or prior to the payments to remaining creditors.
 - B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

 Creditor
 Type of Priority
 Estimated Claim
 Payment and Term

 County of Henrico
 Taxes and certain other debts
 98.89
 Prorata

 1 months

- 3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
 - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

Creditor
SantanderCollateral
2007 Mazda CX7 with 121,000 milesPurchase Date
05/2012Est Debt Bal.
05/2012Replacement Value
18,255.00Consumer USA

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

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C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

 Creditor
 Collateral Description
 Adeq. Protection
 To Be Paid By

 Santander Consumer USA
 2007 Mazda CX7 with 121,000 miles
 35.00
 Trustee

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Approx. Bal. of Debt or "Crammed Down" Value Santander Consumer USA Approx. Bal. of Debt or "Crammed Down" Value 7,050.00 Approx. Bal. of Debt or "Crammed Down" Value 7,050.00 Approx. Bal. of Debt or "Crammed Down" Value Approx. Bal. of Debt or "

E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

4. Unsecured Claims.

- B. Separately classified unsecured claims.

Creditor	Basis for Classification	Treatment
-NONE-		

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5.	Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term
	Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any
	existing default under 11 U.S.C. § 1322(b)(5).

A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

	interest unless an interest rate is designated beloprovided for in the loan agreement.		•			
Creditor -NONE-	<u>Collateral</u>	Regular Contract <u>Payment</u>	Estimated Arrearage	Arrearage Interest <u>Rate</u>	Estimated Cure Period	Monthly Arrearage <u>Payment</u>
В.	Trustee to make contract payments and cure regular contract monthly payments that come do debts shall be cured by the Trustee either pro rabelow.	ue during the peri	iod of this Plan	, and pre-p	etition arrearag	es on such
Creditor -NONE-	<u>Collateral</u>	Regular Contract <u>Payment</u>	Estimated Arrearage	Interest Rate	Term for Arrearage	Monthly Arrearage <u>Payment</u>
C.	Restructured Mortgage Loans to be paid full constituting the debtor(s)' principal residence up payment under the Plan is due shall be paid by a 1322(c)(2) with interest at the rate specified bel	pon which the last the Trustee during	st scheduled cor	ntract paym	nent is due befo	re the final
<u>Creditor</u> -NONE-	<u>Collateral</u>	Interest <u>Rate</u>	Estimated Claim		hly Paymt& Es	t. Term**

- **6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.
 - A. Executory contracts and unexpired leases to be rejected. The debtor(s) reject the following executory contracts.

Creditor -NONE-

Type of Contract

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

			Monthly	
			Payment	Estimated
Creditor	Type of Contract	Arrearage	for Arrears	Cure Period
-NONE-				

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- 7. Liens Which Debtor(s) Seek to Avoid.
 - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u> -NONE-

- 8. Treatment and Payment of Claims.
 - All creditors must timely file a proof of claim to receive payment from the Trustee.
 - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
 - If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
 - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- **9. Vesting of Property of the Estate.** Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 10. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:
 - I. Payment of Adequate Protection
 - All adequate protection payments set forth in Section 3.C are to be paid through the Trustee.
 - The Debtors shall pay regular post-petition contract payments to the creditors listed in Section 5.A., and such payments shall also constitute adequate protection payments to such creditors. Accordingly, the Trustee shall not pay adequate protection payments to creditors listed in Section 5.A.
 - No adequate protection payments are to be paid to any creditors unless the Plan provides for the payment of adequate protection of such claim(s) through the Trustee in Section 3.C. or directly by the Debtors in Section 5.A., or unless the Court orders otherwise.
 - II. Notwithstanding the confirmation of this plan the debtor(s) reserve the right to challenge the allowance, validity, or enforceability of any claim in accordance with § 502(b) and to challenge the standing of any party to assert any such claim.

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Signatures:			
Dated: Oct	tober 13, 2015		
/s/ Melissa An	nn Alvis		/s/ Patrick Thomas Keith VSB
Melissa Ann A	Alvis		Patrick Thomas Keith VSB 48446
Debtor			Debtor's Attorney
Exhibits:	Copy of Debtor(s)' Budg Matrix of Parties Served		
I certify that on List.	October 13, 2015 , I ma	Certificate of Service ailed a copy of the foregoing to the	e creditors and parties in interest on the attached Service
		/s/ Patrick Thomas Keith VSB	
		Patrick Thomas Keith VSB 484	146
		Signature	
		P. O. Box 11588	
		Richmond, VA 23230-1588	
		Address	-
		804-358-9900	
		Telephone No.	

Ver. 09/17/09 [effective 12/01/09]

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United States Bankruptcy Court Eastern District of Virginia

Melissa Ann Alvis				15-35244-KRH		
	Debt	or(s)	Chapter	13		
SPECIAL N	NOTICE TO SE	CURED CR	EDITOR			
		m, Reg. Agent				
Name of creditor						
2007 Mazda CX7 with 121.000 miles						
Description of collateral						
The attached chapter 13 plan filed by the c	lebtor(s) proposes (check one):				
posed relief granted, <u>unless</u> you file and serv of the objection must be served on the debte	re a written objection or(s), their attorney,	n by the date spe and the chapter	ecified <u>and</u> appea 13 trustee.	ar at the confirmation hearing.		
•						
_	12/9/15 @ 11:10 a.m.					
Place of confirmation nearing:		or E. Broad St.,	ROOM 3000, KI	Chillona, VA		
		_				
		Name(s) of de	btor(s)			
	By:					
			as Keith VSB 48	8446		
		Signature				
		■ Debtor(s)' A	ttorney			
		☐ Pro se debto	or			
		Patrick Thom	as Keith VSB 48	8446		
				dahtanl		
		· ·	orney for pro se	aeviorj		
	Santander Consumer USA, Inc., c/o CT (4701 Cox Road, Suite 285; Glen Allen, V Name of creditor 2007 Mazda CX7 with 121,000 miles Description of collateral The attached chapter 13 plan filed by the care amount you are owed above the value your collateral. See Sec amount you are owed above the value of the plan. All or a posed relief granted, unless you file and server the posed relief granted, unless you file and server the posed relief granted, unless you file and server the posed relief granted, unless you file and server the posed relief granted, unless you file and server the posed relief granted, unless you file and server the posed relief granted, unless you file and server the posed relief granted, unless you file and server the posed relief granted.	Santander Consumer USA, Inc., c/o CT Corporation System 4701 Cox Road, Suite 285; Glen Allen, VA 23060 Name of creditor 2007 Mazda CX7 with 121,000 miles Description of collateral The attached chapter 13 plan filed by the debtor(s) proposes (To value your collateral. See Section 3 of the plan. amount you are owed above the value of the collateral To cancel or reduce a judgment lien or a non-purchar Section 7 of the plan. All or a portion of the amount You should read the attached plan carefully for the details of posed relief granted, unless you file and serve a written objection of the objection must be served on the debtor(s), their attorney, Date objection due: Date and time of confirmation hearing: Place of confirmation hearing:	SPECIAL NOTICE TO SECURED CR Santander Consumer USA, Inc., c/o CT Corporation System, Reg. Agent 4701 Cox Road, Suite 285; Glen Allen, VA 23060 Name of creditor 2007 Mazda CX7 with 121,000 miles Description of collateral The attached chapter 13 plan filed by the debtor(s) proposes (check one): To value your collateral. See Section 3 of the plan. Your lien will be amount you are owed above the value of the collateral will be treated To cancel or reduce a judgment lien or a non-purchase money, non-p Section 7 of the plan. All or a portion of the amount you are owed we will should read the attached plan carefully for the details of how your clair posed relief granted, unless you file and serve a written objection by the date specified the objection must be served on the debtor(s), their attorney, and the chapter Date objection due: Date of confirmation hearing: Place of confirmation hearing: Place of confirmation hearing: Melissa Ann. Name(s) of debtor(s)' A Patrick Thom Signature Debtor(s)' A Prose debtor Patrick Thom Name of attor. P. O. Box 115 Richmond, M.	Santander Consumer USA, Inc., c/o CT Corporation System, Reg. Agent 4701 Cox Road, Suite 285; Glen Allen, VA 23060 Name of creditor 2007 Mazda CX7 with 121,000 miles Description of collateral The attached chapter 13 plan filed by the debtor(s) proposes (check one): To value your collateral. See Section 3 of the plan. Your lien will be limited to the vamount you are owed above the value of the collateral will be treated as an unsecured To cancel or reduce a judgment lien or a non-purchase money, non-possessory securit Section 7 of the plan. All or a portion of the amount you are owed will be treated as You should read the attached plan carefully for the details of how your claim is treated. The posed relief granted, unless you file and serve a written objection by the date specified and appear of the objection must be served on the debtor(s), their attorney, and the chapter 13 trustee. Date objection due: Date objection due: Date objection due: Date of confirmation hearing: Not later than seven (7) days prior to Confirmat 12/9/15 of 12/9/15		

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CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attached Chapter 13 Plan and Related Motions were served upon the creditor noted above by

■ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this **October 13, 2015** .

Patrick Thomas Keith VSB
Patrick Thomas Keith VSB 48446
Signature of attorney for debtor(s)

Ver. 09/17/09 [effective 12/01/09]

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F:II	in this information to identify your	2000							
	in this information to identify your optor 1 Melissa An								
Dok	Wellssa All	II AIVIS			-				
-	otor 2								
Uni	ted States Bankruptcy Court for th	e: <u>EASTERN DISTRICT</u>	OF VIRGINIA		_				
	se number 15-35244-KRH		-				nded filing ment showi	ng post-petitio	
O	fficial Form B 6I							following date:	
	chedule I: Your Inc	ome				MM / DI)/ YYYY		12/13
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you have separate sheet to this form. Describe Employment	u are married and not fili ur spouse is not filing w On the top of any additi	ing jointly, and your rith you, do not inclu	spouse de infor	is livi matic	ing with you, i on about your	nclude info spouse. If 1	rmation abou more space is	t your needed,
1.	Fill in your employment information.		Debtor 1			Debte	or 2 or non-	filing spouse	
	If you have more than one job,	EI	■ Employed			□ En	ployed		
	attach a separate page with information about additional	Employment status	□ Not employed			□ No	t employed		
	employers.	Occupation	Benefit Speciali	st					
	Include part-time, seasonal, or self-employed work.	Employer's name	Dominion Payro	II Servi	ices				
	Occupation may include student or homemaker, if it applies.	Employer's address	306 E. Main Stre Richmond, VA 2						
		How long employed t	here? Since 0	3/2011					
Par	t 2: Give Details About Mo	nthly Income							
	mate monthly income as of the ouse unless you are separated.	date you file this form. If	you have nothing to r	eport for	any I	ine, write \$0 in	the space.	Include your no	on-filing
-	u or your non-filing spouse have me space, attach a separate sheet to		ombine the informatio	n for all	emplo	yers for that p	erson on the	lines below. If	you need
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$_	4,919.8	<u> </u>	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$_	0.0	0 +\$ _	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$_	4,919.81	\$	N/A	

Deb	tor 1	Melissa Ann Alvis	_	Case number (if known)	15-35244-KRH
	Сор	y line 4 here	4.	For Debtor 1 \$ 4,919.81	For Debtor 2 or non-filing spouse \$ N/A
5.	List	all payroll deductions:			
0.	5a. 5b. 5c. 5d. 5e. 5f. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Dental Life	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ 1,008.63 \$ 0.00 \$ 304.37 \$ 0.00 \$ 304.37 \$ 0.00 \$ 0.00 \$ 59.84 \$ 5.59	\$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 1,682.80	\$ N/A
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 3,237.01	\$ N/A
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Federal and State Tax Refunds Amortized	8c. 8d. 8e.	· <u></u>	\$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 217.00	\$N/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_	3,454.01 + \$	N/A = \$ <u>3,454.01</u>
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depen	•	
12.	Add Writ appl	the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certailes	sult is thain Liab	ne combined monthly ilities and Related <i>Dat</i>	12. \$ 3,454.01 Combined
13.	Do y	you expect an increase or decrease within the year after you file this form	1?		monthly income

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Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question unber of (if known). Answer every question. The content of the cont								
Debtor 2 A supplement showing post-petition che (Spouse, if filing) A supplement showing post-petition che (3 expenses as of the following date:	Fill in this inform	ation to identify ye	our case:					
Debtor 2 (Spouse, if filing)	Debtor 1	Melissa Ann	Alvis			Che	eck if this is:	
United States Bankruptey Court for the: EASTERN DISTRICT OF VIRGINIA	Dobtor 2						·	ving post potition shorter
A separate filing for Debtor 2 because E graintains a separate household						Ц		
Official Form B 6J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correctinformation. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household	United States Bank	ruptcy Court for the:	EASTE	RN DISTRICT OF VIRGIN	IIA		MM / DD / YYYY	
Official Form B 6J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correctinformation. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household	Case number 1	5-35244-KDH					A senarate filing fo	r Debtor 2 because Debto
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. a	<u> </u>	3-33244-KKH						
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. a	Official Fo	orm B 6.I						
information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and cast number (if known). Answer every question. Part !			_ Expen	ises				12/1:
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Do you have dependents? No. Do not list Debtor 1	information. If r	nore space is ne	eded, atta	ch another sheet to this				
No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Po opendents per separate Schedule J. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Son Do not state the dependents' names. Son Tyears Yes. Son Yourespenses include expenses include expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to rep expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 1 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 1 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 1 Real estate taxes 4a. \$ 0.00 0.00			ehold					
Yes. Does Debtor 2 live in a separate household? No	1. Is this a joi	nt case?						
Yes. Debtor 2 must file a separate Schedule J. 2. Do you have dependents?			in a separ	ate household?				
Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Son T years Yes Son T years Yes No No Your expenses at the top of the form and fill in applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 61.) The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 No Your expenses Real estate taxes 4a. \$ 0.00 No Your expenses Real estate taxes 4a. \$ 0.00 Only No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No No No Yes No No No Yes No No No No No No No No No N			st file a sep	parate Schedule J.				
and Debtor 2. Do not state the dependents' names. Son 7 years Yes No No Yes No No Yes No No Yes No No Yes No Yes No No Your Xes No No Xes Xes No No Xes Xes No No Xes Xes No Xes Xes Xes Xes Xes Xes Xes Xe	2. Do you hav	ve dependents?	□ No					
dependents' names. Son 7 years			Yes.					
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to rep expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. S 840.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance					Son		7 years	_
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Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to rep expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00	expenses of	of people other t	han 👝					
Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to repexpenses as of a date after the bankruptcy is filled. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 840.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00				_				
applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00	Estimate your e	xpenses as of ye	our bankrı	uptcy filing date unless y	ou are using this fo	orm as a s	supplement in a Ch	apter 13 case to report
the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4b. Survey Income Your expenses 4a. \$ 0.00 0.00			bankruptc	y is filed. If this is a supp	olemental <i>Schedule</i>	. <i>J</i> , check	the box at the top	of the form and fill in the
payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4. \$ 840.00 4. \$ 940.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00	the value of suc	ch assistance an					Your exp	enses
 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4a. \$ 4b. \$ 0.00 0.00 					nclude first mortgage		\$	840.00
4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00	If not inclu	ded in line 4:						
4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00	4a. Real	estate taxes				4 a	\$	0.00
			s, or renter	's insurance				
4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00							·	
4d. Homeowner's association or condominium dues 4d. \$ 0.00 5. Additional mortgage payments for your residence, such as home equity loans 5. \$ 0.00					me equity loans		· .	

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Debto	1 Melissa Ann	Alvis	Case num	ber (if known)	15-35244-KRH
-	Itilities:	nativel and	•	c	175.00
	a. Electricity, heat,		6a.		175.00
	_	arbage collection	6b.		80.00
		phone, Internet, satellite, and cable services	6c.		300.00
	d. Other. Specify:		6d.		0.00
	ood and housekeep	•	7.	·	500.00
8. C	childcare and childre	en's education costs	8.	\$	400.00
	lothing, laundry, an		9.	\$	75.00
10. P	ersonal care produ	cts and services	10.	\$	50.00
11. N	ledical and dental e	xpenses	11.	\$	125.00
12. T	ransportation. Inclu	de gas, maintenance, bus or train fare.		_	252.00
D	o not include car pay	ments.	12.	·	250.00
13. E	ntertainment, clubs	, recreation, newspapers, magazines, and books	13.	\$	150.00
14. C	haritable contributi	ons and religious donations	14.	\$	0.00
15. I r	nsurance.			_	
D	o not include insurar	ice deducted from your pay or included in lines 4 or 20.			
	5a. Life insurance		15a.		0.00
1	5b. Health insuranc	e	15b.	\$	0.00
1	5c. Vehicle insuran	ce	15c.	\$	120.00
1	5d. Other insurance	. Specify:	15d.	\$	0.00
16. T	axes. Do not include	taxes deducted from your pay or included in lines 4 or 20.			
S	pecify: Personal I	Property	16.	\$	10.00
	nstallment or lease				
	7a. Car payments fo		17a.	\$	0.00
1	7b. Car payments for	or Vehicle 2	17b.	\$	0.00
1	7c. Other. Specify:		17c.	\$	0.00
	7d. Other. Specify:		17d.	\$	0.00
		mony, maintenance, and support that you did not repo		*	
		pay on line 5, Schedule I, Your Income (Official Form 6)		\$	0.00
		make to support others who do not live with you.	•	\$	0.00
	pecify:		19.		
20. C	ther real property e	xpenses not included in lines 4 or 5 of this form or on	Schedule I: Y	our Income.	
	0a. Mortgages on o		20a.		0.00
2	0b. Real estate taxe	es	20b.	\$	0.00
2	0c. Property, home	owner's, or renter's insurance	20c.	\$	0.00
		epair, and upkeep expenses	20d.	· -	0.00
	•	ssociation or condominium dues	20e.	· -	0.00
	_			+\$	49.00
21. C	Miler. Specify. IVII	scellaneous Expenses		+φ	49.00
22. Y	our monthly expens	ses. Add lines 4 through 21.	22.	\$	3,124.00
Т	he result is your mon	thly expenses.		-	·
	alculate your montl			· 	
2	3a. Copy line 12 (yo	our combined monthly income) from Schedule I.	23a.	\$	3,454.01
		hly expenses from line 22 above.	23b.		3,124.00
	.,,	•	-	·	-,:
2	3c. Subtract your m	onthly expenses from your monthly income.			
_		ur monthly net income.	23c.	\$	330.01
		•			
		rease or decrease in your expenses within the year after			
		ct to finish paying for your car loan within the year or do you expect y	our mortgage pa	ayment to increas	se or decrease because of a
_	nodification to the terms	or your mongage?			
	No.				
	Yes.				
Е	xplain:				

Office of the US Trustee 701 E. Broad Street Room 4304 Richmond, VA 23219

American Express P.O. Box 981537 El Paso, TX 79998

Capital One Bank USA NA P.O. Box 30281 Salt Lake City, UT 84130

CenturyLink
P.O. Box 1319
Charlotte, NC 28201-1319

Comcast Attn: Bankruptcy Dept PO Box 3012 Southeastern, PA 19398-3012

County of Henrico Treasury Division P.O. Box 90775 Henrico, VA 23273-0775

Courtney Alvis 2402 Arrington Road Henrico, VA 23294

Direct TV RE: Bankruptcy PO Box 6550 Englewood, CO 80155-6550

Ditech Financial LLC PO Box 6172 Rapid City, SD 57709

Henrico Doctor's Hospital Forest P.O. Box 740760 Cincinnati, OH 45274-0760 MinuteClinic of VA P.O. Box 8444 Belfast, ME 04915

National Credit Adjusters Re: Bankruptcy P.O. Box 3023 Hutchinson, KS 67504-3023

Nationstar Mortgage PO Box 619096 Dallas, TX 75261-9009

Patient First Re: Bankruptcy PO Box 758941 Baltimore, MD 21275-8941

Patient First Attn: Patient Accounts 5000 Cox Road, Suite 100 Glen Allen, VA 23060

Portfolio Recovery 120 Corporate Boulevard Norfolk, VA 23502

Santander Consumer USA Attn: Bankruptcy Department PO Box 560284 Dallas, TX 75356-0284

Springleaf Financial P.O. Box 3251 Evansville, IN 47731-3251

St. Mary's Hospital Attn: Bankruptcy Dept P.O. Box 28538 Richmond, VA 23228

Verizon 500 Technology Drive Suite 550 Saint Charles, MO 63304-2225

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Virginia Credit Union P.O. Box 90010 Richmond, VA 23225

Wells Fargo Bank P.O. Box 14517 Des Moines, IA 50306